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RINSE SCREEN FOR A WATER BUCKET

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declaration	Fee Transmittal.tif
declaration	Application Transmittal.tif
declaration	Declaration pg 1.tif
specification	EFS Application.xml

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Declaration pg 1.tif

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Comments:

TCE TRANSMITTAL	
NO. 7-200	
1. TITLE OF INVENTION	
2. INVENTOR'S NAME	
3. INVENTOR'S ADDRESS	
4. INVENTOR'S CITY, STATE, AND ZIP CODE	
5. INVENTOR'S PHONE NUMBER	
6. INVENTOR'S FAX NUMBER	
7. INVENTOR'S E-MAIL ADDRESS	
8. INVENTOR'S ATTORNEY'S NAME	
9. INVENTOR'S ATTORNEY'S ADDRESS	
10. INVENTOR'S ATTORNEY'S CITY, STATE, AND ZIP CODE	
11. INVENTOR'S ATTORNEY'S PHONE NUMBER	
12. INVENTOR'S ATTORNEY'S FAX NUMBER	
13. INVENTOR'S ATTORNEY'S E-MAIL ADDRESS	
14. INVENTOR'S ATTORNEY'S FIRM NAME	
15. INVENTOR'S ATTORNEY'S FIRM ADDRESS	
16. INVENTOR'S ATTORNEY'S FIRM CITY, STATE, AND ZIP CODE	
17. INVENTOR'S ATTORNEY'S FIRM PHONE NUMBER	
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23. INVENTOR'S ATTORNEY'S FIRM FIRM PHONE NUMBER	
24. INVENTOR'S ATTORNEY'S FIRM FIRM FAX NUMBER	
25. INVENTOR'S ATTORNEY'S FIRM FIRM E-MAIL ADDRESS	

1. TITLE OF INVENTION

U.S. CUSTOMS AND BORDER PROTECTION
U.S. DEPARTMENT OF HOMELAND SECURITY

Passenger Arrival Card

Passenger Information

Name: JAMES E. SMITH
 Date of Birth: 01/01/1950
 Country of Birth: USA
 Address: 12345 MAIN ST, NEW YORK, NY 10001
 Telephone: (212) 555-1234
 Email: j.smith@ny.gov

Travel Information

From: NEW YORK
 To: NEW YORK
 Mode of Transport: Plane
 Date of Travel: 01/01/2010
 Time of Arrival: 10:00 AM
 Airline: Delta
 Flight Number: DL123
 Class of Service: Y
 Cabin: Upper
 Seat Number: 12A
 Baggage: 1
 Checked: Yes
 Carry-on: Yes
 Other: No

Declaration

I declare that the information provided is true and correct.
 I declare that I am not carrying any prohibited items.
 I declare that I am not carrying any restricted items.
 I declare that I am not carrying any controlled substances.
 I declare that I am not carrying any firearms or weapons.
 I declare that I am not carrying any explosives or incendiary materials.
 I declare that I am not carrying any radioactive materials.
 I declare that I am not carrying any hazardous materials.
 I declare that I am not carrying any other items prohibited by law.

Signature

Signature: [Signature]
 Date: 01/01/2010

Version 1.0

[illegible]



FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

TOTAL FEES AUTHORIZED: \$ 355

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 500416
 Deposit Account Name: David L. Tingey



Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

SUBMITTED BY

Authorized Name: David L. Tingey
 Electronic Signature Mark: /davidltingey/
 Date Signed: 20010625

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 355

Subtotal For Basic Filing Fee: \$ 355

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 15	203	\$ 9	0	\$ 0
Independent Claims: 2	202	\$ 40	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0